



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400001

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 10 CASTLE STREET CORP.

DOING BUSINESS AS CASTLE STREET CAFE

ADDRESS 010-12 CASTLE STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: BALLON, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MICHAEL L.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR, KITCHEN AND CELLAR FOR STORAGE. SERVICE TO INCLUDE
ADJOINING PREMISES ON THE GROUND FLOOR OF 12 CASTLE ST ..EXTEND SERVICE OF
ALCOHOL TO OUTDOOR AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400005

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MTZ COMPANY, INC.

DOING BUSINESS AS THE MANHATTAN PIZZA COMPANY

ADDRESS 490 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CANDEE, MELISSA TYPE OF LICENSE: Restaurant
H.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR HAS TWO ROOMS, DINING AREA WITH KITCHEN STORAGE UPSTAIRS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400008

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GMK, INC.

DOING BUSINESS AS RISINGDALE CAFE

ADDRESS PARK ST.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: HADSELL, GLORIA J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR ROOMS FIRST FLOOR, SERVICE IN BASEMENT, PORCHES AND LAWN

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400009

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ADAMS-BUDZ POST HOME, INC

DOING BUSINESS AS

ADDRESS PARK STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MURPHY, MICHAEL TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol
L

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR-BAR DINING ROOM, STORE ROOM KITCHEN REST ROOMS, CELLAR HAS
MEETING ROOM, UTILITY ROOM & STORAGE, SERVICE ON PORCH AND LAWNS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400011

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VAN HUYNH INC.

DOING BUSINESS AS 20 RAILROAD

ADDRESS 20 RAILROAD ST.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: HUYNH, HUY TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TAP ROOM, KITCHEN, GROUND FLOOR FOR SALES, CELLAR FOR STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400012

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: M.L. ENTERPRISES, INC.

DOING BUSINESS AS MARTIN'S

ADDRESS 49 RAILROAD ST.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: LEWIS, MARTIN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH 900 SQ FT, WITH DINING ROOM AND KITCHEN, REST ROOMS IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400013

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EGREMONT COUNTRY CLUB, INC.

DOING BUSINESS AS EGREMONT COUNTRY CLUB

ADDRESS RTE. 23

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MAZZARELLI, FRANK C. JR. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE SOUTH, TWO NORTH AND ONE WEST EXIT, REST ROOMS, KITCHEN, CONFERENCE ROOM, PATIO, COAT ROOM AND STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400014

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VETS.OF FOR.WARS U.S.JAMES A MODOL POST#8348

DOING BUSINESS A

ADDRESS 800 SO. MAIN ST.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CHOQUETTE, RAYMOND J. TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, FOUR ROOMS FIRST FLOOR, ONE ROOM AND SERVICE BAR ON SECOND FLOOR. SERVICE ON PORCH AND LAWNS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400020

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GREAT BARRINGTON PIZZA HOUSE, INC.

DOING BUSINESS AS THE PIZZA HOUSE

ADDRESS 36 STATE RD.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: GIANNARIS,
ZAHARIAS K.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON FIRST FLOOR FOR SERVICE

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400023

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHU & CHEN GROUP, INC.

DOING BUSINESS AS KOI CHONESE RESTAURANT

ADDRESS 300 STATE RD.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CHEN, RICHARD T. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR AND CELLAR CONSISTING OF THREE PUBLIC INTERIOR ROOMS,
KITCHEN, PATIO AND CELLAR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400025

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G.B.F.B.P., INC

DOING BUSINESS AS FOUR BROTHERS PIZZA INN

ADDRESS STOCKBRIDGE RD.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: STEFANOPOULOS, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
PETER

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN DINING ROOM FOR SERVICES, KITCHEN AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400028

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COVE BOWLING AND ENTERTAINMENT INC.

DOING BUSINESS AS

ADDRESS 109 STOCKBRIDGE RD.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: HANKEY, THOMAS M. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE ROOM CONTAINING BAR ON EAST SIDE, SERVICE IN ENCLOSED AREA IN NORTH END OF BOWLING LANE , ENCLOSED SNACK BAR, SERVICE ON CONCOURSE

I hereby certify and swear under penalties of perjury that:

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400033

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ABERDALE'S INC.

DOING BUSINESS AS

ADDRESS DEPOT ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01236

MANAGER: ABERDALE, JOSEPH A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FL. SALES & STORAGE & OFFICE. BASEMENT - STORAGE; 2ND FL. SALES AND STORAGE.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400034

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DOMANEYS LIQUORS AND FINE FOODS, INC.

DOING BUSINESS AS DOMANEYS LIQUOR

ADDRESS 66 MAIN ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: DOMANEY, EDWARD TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR HAS TWO ROOMS, ONE FOR STORAGE AND ONE FOR SALES. ENTRANCE AND EXIT ON THE FIRST FLOOR. STORAGE ON THE SECOND FLOOR. ALSO INCLUDED IS THE NEW UPPER FLOOR AND STOCKROOM

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400035

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CELLARBRATION, INC

DOING BUSINESS AS GRAPE FINDS

ADDRESS 740 main street

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: SMEGAL, JOSEPH P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1500 S/F W/ 2 STORAGE AREAS, MAIN AND EMERG. ENTRANCE/EXITS ON NORTHERLY SIDE AND INCLUDES 30'X20'STORAGE AREA ALONG WALL OF FORMER "AMES" STORE WITH ENTRANCE/EXIT ON WESTERLY SIDE ONTO REAR OF BIG Y PLAZA.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400036

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GORHAM AND NORTON, INC.

DOING BUSINESS AS

ADDRESS 278 MAIN ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: TRACY, JOHN P TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALES AND SERVICE FIRST FLOOR, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400037

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILLERTON SUPER OF GREAT BARRINGTON, INC.

DOING BUSINESS AS TROTTA'S

ADDRESS 490 MAIN ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: BLEAU, REBECCA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
D.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE FROM PARKING LOT, NORTH SIDE. STORE HAS 2947 SQ FT. ADDITION HAS
1092 SQ FT. STORAGE IN LOFT, 1211 SQ FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400039

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARJAC, INC

DOING BUSINESS AS PLAZA PACKAGE

ADDRESS 155 STATE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: ALMORI, REGIO A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALL ON ONE FLOOR, RETAIL AND WAREHOUSE AREA INCLUDES REDEMPTION CENTER AND OFFICE. RETAIL ENTRANCE/EXIT FACING STATE ROAD. LOADING DOCK ON NORTH SIDE OF BLDG. STEEL DOOR ON NORTH SIDE. ACCESS POINTS ON NORTH SIDE NOT OPEN TO PUBLIC. EMERGENCY EXIT ON SOUTH SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400040

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUIDO'S QUALITY FRUIT AND PRODUCE, INC.

DOING BUSINESS AS

ADDRESS 760 SOUTH MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MASIERO, CHRISTOPHER P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 121'X145'. DISPLAY AREA CENTRALLY LOCATED. STORAGE AREA NORTHWEST CORNER NEAR PRODUCE COOLER TO BE CAGED AND LOCKED. 2 SERVICE DOORS AND EMERGENCY EXIT ON SOUTH; MAIN ENTRANCE/EXIT ON EAST FRONTING SOUTH MAIN ST. EMERGENCY EXIT ON NORTH. LOADING DOCK EXIT ON WEST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400041

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEO LOCKE LARKIN

DOING BUSINESS AS LOCKE, STOCK AND BARREL

ADDRESS 265 STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR FOR SALES, CELLAR FOR STORAGE. ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400042

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAVID R. THORNE

DOING BUSINESS AS THORNEWOOD INN

ADDRESS 453 STOCKBRIDGE RD.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

453 STOCKBRIDGE RD. INN WITH 10 GUEST ROOMS, 7 EXITS, SIDE AND FRONT PORCHES, MUSIC ROOM, LIBRARY AND T.V. ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400054

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 2001, INC

DOING BUSINESS AS BOGIE'S

ADDRESS ROUTE 7

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: ABDALLA,
GEORGE R

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 1/2 STORY WOOD FRAME BLDG WITH FULL KITCHEN, SEATING CAPACITY OF 120,
OUTSIDE PATIO, TENT BANQUET FACILITY AND POOL FOR MEMBERS ONLY.
EXCLUDING THE DRIVING RANGE AND SNACK BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400056

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKSHIRE MOUNTAIN BREWERS, INC

DOING BUSINESS AS BARRINGTON BREWERY & RESTAURANT

ADDRESS 420 STOCKBRIDGE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: HAPP, GARY W. TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; KITCHEN, ONE DINING ROOM, TAVERN AND BREWERY. SECOND FLR;
SPECIAL FUNCTION ROOM. OUTDOOR-SOUTH SIDE OF BLDG SMALL PATIO SEASONAL
SEATING/ NORTH SIDE SEASONAL PORCH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400059

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GO GO GOURMET,LLC

DOING BUSINESS AS NAPA WINE BAR & RESTAURANT

ADDRESS 293 MAIN ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: HANDEL, HEIDI H. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON GROUND FLOOR, ENTIRE GROUND FLOOR EXCEPT FOR THE KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400062

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUTE 7 BARBEQUE, LLC

DOING BUSINESS AS

ADDRESS 999 SOUTH MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: Blumenthal, Lester TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT AND LOUNGE INCLUDES DINING ROOM.BAR AREA AND OUTSIDE
PAVILLION.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400066

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SISCO MURPHY,LLC

DOING BUSINESS AS THE WELL

ADDRESS 312 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: POPPER, JULIET E. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALCOHOL TO BE SERVED IN FRONT ROOM(DINING AND STORE AREA) TWO EXITS,
FRONT ENTRANCE AND REAR ENTRANCE AND EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400067

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: I.E., INC.

DOING BUSINESS AS

ADDRESS STATE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MURDOCK, JEFFREY H. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UPPER LODGE; 1ST FLR CONSISTS OF 8 PAVILIONS, CAFETERIAS AND 2ND FLR MEZZANINE. INCLUDE DECKS AND PORCHES, MAIN ENTRYWAYS AND EXITS, 3 NORTH, 3 SOUTH, 3 EAST, 1 KITCHEN. EMERGENCY EXITS. 3 IN PAVIL. 1 IN MEZZANINE. CLUBHOUSE, DINING AREAS CAFETERIA AND 2ND FLR, DECKS, PORCHES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400068

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: J.M. MARCUS, INC.

DOING BUSINESS AS BIZEN

ADDRESS 015-21 RAILROAD ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MARCUS, J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MICHAEL

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR AND BASEMENT EACH 1066SQFT GROUND FLOOR 6 TATAMI ROOMS
FOR DINING, 2 HALLWAYS CONNECT REST. 21 RAILROAD ST HAS ITS OWN ENTRANCE
AND EXIT BEHIND RESTAURANT. SEATING FOR THE GROUND FLOOR WILL BE 36 SEATS.
BASEMENT 4 TABLES SEATING FOR 24.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400069

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: XICOHTENCATL MEXICAN RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 50 STOCKBRIDGE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: BERGINS, TONI TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FL. OF WOOD FRAME BLDG. MAIN ENTRANCE OFF PKG. LOT; 3 OTHER ENTRANCES ON PORCH, BACKYARD & KITCHEN. IN GOOD WEATHER, SERVICE ON EXTERIOR PORCH.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400071

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEZZE SOUTH INC.

DOING BUSINESS AS VERDURA

ADDRESS 44 RAILROAD STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: THOMAS, NANCY TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

44 RAILROAD ST. 11,000 SQ. FT. 2 ENTR. 1 FRONT 1 BACK. STAIRWELL TO BASEMENT, SERVING ALCOHOL IN DINING RM. & BAR, 42 RAILROAD ST. KITCHEN, BAR SEATING FOR 30 PEOPLE, 18 AT BAR. SPACE APPROX. 1,100 SQ. FT. 2 ENTR & 1 PRIMARY EXIT IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400072

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YEUNG, CORP.

DOING BUSINESS AS THE EAST

ADDRESS 305 STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: YEUNG, CHUN TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 4,100 SQ. FT. WITH LARGE DINING AREA AND BAR AREA. TWO ENTRANCES AND EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400073

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ESPDM, INC.

DOING BUSINESS AS BABA LOUIE' ORGANIC SOURDOUGH PIZZA, CO.

ADDRESS 286 MAIN

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MASIERO, PAUL TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular
DAVID

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE DINING ROOM CONTAINS 40 SEATS & 12 TABLES. LIQUOR WILL BE SERVED IN THE DINING ROOM. 720 SQUARE FEET OF DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400074

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIRO RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 105 STOCKBRIDGE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: YU, HAIDONG TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 3200 SQ FT FREESTANDING BLDG ON APPROX 3/4 OF AN ACRE. 6 EXITS INCLUDING THREE FOR USE BY PUBLIC. DINING ROOM BAR AREA, SUSHI BAR, HIBACHI AREA, TATAMI AREA AND OUTSIDE PATIO WITH UP TO 30 SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400075

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FELD CORP.

DOING BUSINESS AS FIORI

ADDRESS 47 RAILROAD ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: FELDMAN, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MATTHEW H.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CONSISTING OF A BAR AREA, TWO DINING ROOMS, ONE ENTRANCE AND TWO EXITS. Outdoor seasonal pation not to exceed more than 28 persons in front of the building

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400077

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Kria Vrisi LLC

DOING BUSINESS AS Aegean Breeze

ADDRESS 327 STOCKBRIDGE RD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: Tzezailidis, Fotini TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BAR AND TWO DINING ROOMS ON FIRST FLOOR FOR SERVICE PLUS DINING ROOM ON MEZZANINE. SERVICE TO OUTDOOR SEATING ON PATIO, LAWN AND COVERED PORCH. STORAGE IN BASEMENT. THREE EXTERIOR DOORS

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400081

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BIZALION'S FINE FOOD, LTD

DOING BUSINESS AS

ADDRESS 684 SOUTH MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: BIZALION, HELEN TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SPECIALTY FOOD STYLE STORE THAT SELLS SANDWICHES AND LUNCH. BEVERAGES WILL BE SERVED AND CONSUMED WITHIN ONE ROOM. THERE IS ONE ENTRANCE/EXIT ON SOUTH SIDE OF BLDG.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400082

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANYAPORN, INC.

DOING BUSINESS AS SIAM SQUARE FINE THAI CUISINE

ADDRESS 290 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: ZIVASATIAN, NAV TYPE OF LICENSE: Restaurant
APORN

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2226 S/F W/ DINING ROOM SEATING 74; KITCHEN; STORAGE AREA; MAIN ENTRANCE
ONTO MAIN ST. AND EMERGENCY EXIT TO PARKING LOT AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400083

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUBINER'S CHEESEMONGER'S & GROCERS, LLC

DOING BUSINESS AS

ADDRESS 264 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: RUBINER, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
MATTHEW

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 800 SF CAFE ATTACHED TO SPECIALTY STORE ON GROUND FLOOR OF COMMERCIAL BLDG; SINGLE EXIT ONTO PUBLIC ALLEY AND ONTO MAIN ST. STORAGE OF ALCOHOL IN LOCKED AREA OF BASEMENT. Outdoor seating of approx 120 sq ft at the southwest corner of the building facing the parking lot

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400084

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AJZ Holdings, LLC

DOING BUSINESS AS Café Adam

ADDRESS 325 STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: Ziemiński, Adam J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALCOHOL SERVED FROM BEVERAGE AREA OF KITCHEN, 280 SF LOCATED ON SOUTH WALL OF PREMISES. 2 EXITS.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400085

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MANIRAJ, LLC

DOING BUSINESS AS AROMA BAR & GRILL

ADDRESS 485 MAIN ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CHAHAL, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
PARMJIT SINGH

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE ROUTE 7, EXPRESS AND TAKE OUT WINDOW.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400087

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRISSEY FARM CATERING, INC.

DOING BUSINESS AS

ADDRESS 426 STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: MANKIN, ANDREW J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

NEW 6,000 SQ. FT. SPRINKLERED BUILDING CONSISTING OF A FOYER, COAT ROOM, RECEPTION AREA, DINING AREA LOUNGE, BAR AREA. KITCHEN AND RESTROOMS ON ONE LEVEL. 10 X 50 PATIO ATTACHED TO THE EAST SIDE RECEPTION AREA OF THE BUILDING AND BASEMENT AREA FOR STORAGE THERE ARE TWO ENTRANCES EXITS ON EACH OF THE NORTH, EAST AND SOUTH SIDES OF THE BUILDING AT 426 STOCKBRIDGE ROAD.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400088

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEGJAKE, INCORPORATED

DOING BUSINESS AS THE NEIGHBORHOOD DINER

ADDRESS 282 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CUM, PIERRE TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE FRONT DINER WITH ONE ENTRANCE/EXIT FACING MAIN STREET AND THE OTHER ENTRANCE/EXIT ON THE LEFT SIDE OF THE PREMISES ENTERING HALLWAY OF BARRINGTON HOUSE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400089

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAHAIWE PERFORMING ARTS CENTER, INC

DOING BUSINESS AS

ADDRESS 14 CASTLE ST

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: JOLLY, BERYL TYPE OF LICENSE: General on premise CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THEATER WITH 691 SEATS, THREE BARS, ONE IN NORTHWEST CORNER OF FIRST FLOOR, MAIN LOBBY, 2 BARS LOCATED ON BASEMENT PROMENADE LEVEL.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400090

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAJI'S CATERING INC

DOING BUSINESS A NAJI'S

ADDRESS 401 B STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: NEJAIME, NAJI TYPE OF LICENSE: Restaurant CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS IN THE RESTAURANT WITH 20 SEATS INSIDE; ONE EXIT ONTO THE PORCH
FACING SOUTH TOWARDS THE PARKING LOT OFF STOCKBRIDGE ROAD; SEASONAL
OUTDOOR SEATING FOR 22 ON THE DECK OFF THE KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400091

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ENA CORPORATION

DOING BUSINESS AS ENA CAFÉ

ADDRESS 389 STOCKBRIDGE ROAD

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: DRUCKER,
HILLARY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM HAS A BAR AND SEATING FOR 44, KITCHEN, TWO BATHROOMS AND A STORAGE ROOM/OFFICE..THE MAIN ENTRANCE IS IN THE FRONT OF THE BUILDING WITH TWO ADDITIONAL ENTRANCES ONE ON THE SIDE AND IN THE REAR..MAIN ENTRANCE IS OFF OF STOCKBRIDGE ROAD..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400092

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LORI A. WELLER

DOING BUSINESS AS GYPSY JOYNT

ADDRESS 293 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: WELLER, LORI A. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A RESTAURANT WITH AN EXIT DOOR FROM THE KITCHEN ONTO A PARKING LOT ON BRIDGE STREET. OPEN DINING ROOM WITH A BUILT IN BAR WHERE THE WINE AND BEER WILL BE STORED AND SERVED. THE RESTAURANT WILL HAVE WALK-UP COUNTER FOR ORDERING. THERE ARE DOUBLE DOORS TO ENTER AND EXIT ONTO MAIN STREET/ TO INCLUDE SERVICE OF BEER AND WINE TO OUTDOOR SEATING- 4 TABLES. 8 CHAIRS WITH A BARRIER AROUND THE TABLES SEPERATING THE TABLES FROM THE PUBLIC

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400093

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BRICK HOUSE PUB INC.

DOING BUSINESS AS

ADDRESS 425 PARK STREET N.

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: FLYNN, JOHN J. TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES CONSISTS OF 1 BAR WITH A CAPACITY OF 49 AND A DINING ROOM WITH A CAPACITY OF 50, TWO ENTRANCES/EXITS, ONE IN THE BAR AREA AND ONE IN THE DINING ROOM. KITCHEN AND KITCHEN PREP AREA TO SIDE AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400094 CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013
CLASS YEAR

LICENSEE NAME: LA FIESTA RESTAURANT INC.
DOING BUSINESS AS LA FIESTA TEX-MEX RESTAURANT
ADDRESS 284 MAIN STREET #11

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CHAIRES, ARMANDO TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIX ENTRANCES AND EXITS TO THE CAFÉ AND DINING AREA;..ONE FROM THE PARKING LOT TO THE CLUB ON THE NE SIDE; TWO ON THE SIDE FROM THE PARKING LOT TO THE CAFÉ; ENTRANCES 2 AND 3 ARE THE MAIN ENTRANCES; ENTRANCES 3 AND 4 EXIT TO THE CORRIDOR ON THE SW SIDE; FIVE IS ALSO ON THE SW SIDE AND GOES TO THE KITCHEN, EXIT SIX GOES FROM THE CLUB TO THE CAFÉ. THERE IS AN EMERGENCY EXIT FROM THE CLUB ON THE SE SIDE WHICH ALSO LEADS TO CELLAR STAIRS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400095

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MYKONOS GRILL INC.

DOING BUSINESS AS MYKONOS GRILL

ADDRESS 284 MAIN STREET STORE #9

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: CONSTANTOPOULOS, CHRIS
TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR ROOM WITH SQ FT OF 17X24..ENTRANCE AND EXIT FROM THE REAR
HALLWAY...SECOND ENTRANCE AND EXIT FROM THE FRONT HALLWAY OFF MAIN
STREET...BEER AND WINE WILL BE STORED IN KITCHEN..FOUR TABLES WITH SEATING
CAPACITY OF 12 INSIDE AND TWO TABLES WITH TWO CHAIRS EACH IN HALLWAY IN
FRONT OF RESTAURANT ...VIEWABLE FROM THE RESTAURANT WINDOWS FACING THE
HALLWAY

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 046400096

CITY OR TOWN GREAT BARRINGTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WOOD ANCHOR, INC

DOING BUSINESS AS BELL & ANCHOR

ADDRESS 178 MAIN STREET

CITY/TOWN: GREAT BARRINGTON STATE: MA ZIP CODE: 01230

MANAGER: SCHWARTZ, BETTINA TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE PREMISES CONSISTS OF 2,8000 SF WITH FOUR ACCESS POINTS; THE DOORS ON THE SOUTH SIDE (FACING DRIVEWAY AND PARKING LOT) AND ON THE SOUTHEAST SIDE (FACING MAIN STREET) AND THE PUBLIC ENTRANCES. THE DOOR ON THE NORTHWEST SIDE IS FOR EMERGENCY EXIT ONLY. THE DOOR ON THE NORTHEAST SIDE IS NOT FOR PUBLIC USE. ALCOHOL IS TO BE STORED BEHIND THE BAR LOCATED CENTRALLY IN THE RESTAURANT, AS WELL AS IN A LOCKED STORAGE AREA ON THE 2ND FLOOR. ALSO INCLUDED IN THE LICENSED PREMISES IS A TWENTY-SEAT SEASONAL OUTDOOR PATIO LOCATED ON THE EAST SIDE OF THE BUILDING.

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